

Chronic Disease Risk Reduction Grant PROGRAM GOAL PLANNING GUIDE -- SFY 2007

Four Goal Areas to be addressed in Tobacco Use Prevention

Goal #1: Prevent the initiation of tobacco use among youth:

- Youth Access ordinances to provide for local retailer compliance.
- Focus civil penalties on retailers – not on youth.
- Reduce access to tobacco – work on policy to limit youth access (Youth Access Ordinance).
- Poll key decision makers to gauge support for local licensing laws (Youth Access).
- Eliminating tobacco vending machines and self-service displays.
- Comprehensive tobacco free school grounds policies.
- Enforce existing school policies.
- Promote policies that prohibit acceptance of tobacco industry dollars and programs by schools.
- Reduce access to tobacco at events – work on policies with tobacco sampling at events. (Local sampling ordinances).
- Use of school curriculum which are research based and shown to work. Curriculum which is sequestional and is K-12. Train teaching staff to use the techniques. Incorporating peer to peer instruction in the classroom & activities.
- Partner with Coordinated School Health Counsels at schools:
 - Incorporate policy development & enforcement
 - Curriculum development
 - Teacher education
 - Staff wellness –role-modeling of tobacco free behaviors
- Asses the problem, conduct YTS, compare to state and regional data.

Goal #2 Promote Quitting Among Young People and Adults

- Use of population based counseling and treatment programs – Promotion of the Quitline.
- Incorporate of Quitline message into other chronic disease programming. For example, WIC, Healthy Home Visits, Recreation/Fitness Programming, Healthy Newsletter, Cardiac Rehab programming, Worksite Wellness programs.
- Promote the Quitline through earned media activities. (ex. check stuffers, utility bill stuffers, employees newsletters, church bulletins, marquee messages, letters to the editors, PSA's.)
- Advocate for covering treatment for cessation under private and public insurance.
- Promote cessation policy development and implementation among local employers.
- Increase support for cessation among local employers.
- Train health care providers to adopt office protocols to encourage cessation among their tobacco using patients
 - Incorporate tobacco use into vital sign assessment
 - Develop protocol in clinic which prompt health care providers to refer patients to phone Quitline.

Goal Planning Guide

- Include smokeless tobacco prevention education for dental health providers.
Provide them with material for their patients
- Eliminating cost barriers for cessation item.

Goal #3 Eliminate or Reduce Nonsmokers' Exposure to Secondhand Smoke

- Promote local news stories on clean indoor air and the dangers of ETS
- Develop a media campaign to increase attention or public awareness of tobacco non-use and the positive effects of CIA (*approval needed by KDHE and in conjunction with statewide media plan*)
 - Campaigns are conducted over long periods of time and employ brief, recurring messages to inform and motivate
 - Increase public awareness of disparities in tobacco use
- Develop enforcement plans for existing school, worksite, and public place policies
- Develop and implement a comprehensive strategic plan for achieving a 100% smokefree workplace policy.
- Worksite Wellness: Incorporation of tobacco prevention education and policy development into programming.
 - Meet with business leaders/employers to discuss the effect of tobacco on employee health, productivity, and insurance costs
- Educational Programs for community leaders on the effect of tobacco (Educate key decision makers on the health benefits of 100% smokefree worksites.)
 - Topics to include effects on personal & community health, economic effect on business, and employee safety

Goal #4 Identify and Eliminate the Disparities Related to Tobacco Use and Its Effects Among Different Population Groups

- Eliminate disparities within the community.
 - Advocate for funding interventions targeted towards high risk populations.
 - Assure that program materials are culturally relevant for high risk groups.
- Focus on the key points of influence in disparity populations.
 - Rural or Western Culture, Native American, Military